

Residential Sewer Use Certification Sewage Treatment Capacity Charge

**King County**Department of Natural Resources and Parks
Wastewater Treatment Division

- To be completed for all new sewer connections, re-connections, or change of use of existing connections.
- This form does not apply to repairs or replacements of existing sewer connections within five years of disconnect.

Please Print or Type

904 E HIGHLAND DRIVE

Property Street AddressSEATTLE WA 98102
City State ZIP

HEMINGWAY CONDOMINIUMS LLC

Owner's Name

4111 E MADISON ST #290

Owner's Mailing AddressSEATTLE WA 98112
City State ZIP

206-349-9037

Owner's Phone Number (with Area Code)

206-349-9037

Property Contact Phone Number (with Area Code)**Party to be Billed (if different than Owner):**

OWNER

Name**Street Address**

City State ZIP

Please check appropriate box:

- ☐ Single-family (free standing, detached only) 1.0
- Multi-Family (any shared walls):
- ☐ Duplex (0.8 RCE per unit) 1.6
- ☐ 3-Plex (0.8 RCE per unit) 2.4
- ☐ 4-Plex (0.8 RCE per unit) 3.2
- ☒ 5 or more (0.64 RCE per unit)
- No. of Units 7 x 0.64 = 4.48
- ☐ Mobile home space (1.0 RCE per space)
- No. of Spaces x 1.0 =

If Multi-family, will units be sold individually? ☒ Yes ☐ No**If yes, will this property have a Homeowner's Association?** ☒ Yes ☐ No

Pursuant to King County Code 28.84, all sewer customers who establish a new service which uses metropolitan sewage facilities shall be subject to a capacity charge. The amount of the charge is established annually by the Metropolitan King County Council as a rate per month per residential customer or residential customer equivalent for a period of fifteen years. The purpose of the charge is to recover costs of providing sewage treatment capacity for new sewer customers. **All future billings can be prepaid at a discounted amount.**

Questions regarding the capacity charge or this form should be referred to King County Wastewater Treatment Division at 206-477-5533.

I certify that the information given is correct. I understand that the capacity charge levied will be based on this information and any deviation will require resubmission of corrected data for determination of a revised capacity charge.

Signature of Owner/Representative Megan McKayDate 12/19/2019Print Name of Owner/Representative MEGAN MCKAY**For King County Use Only**Account # No. of RCEs Monthly Rate

SEATTLE PUBLIC UTILITIES

Sewer District

TBD

Date of Sewer Connection

TBD

Side Sewer Permit Number

6762700805

Required: Property Tax Parcel Number

PHINNEY'S ADDITION

Subdivision Name

Subdivision Number

PLAT LOT: 11 & 12

PLAT BLOCK: H

Lot Number

Block Number

NONE

Building Name

Please report any demolitions of pre-existing building on this property. Credit for a demolition may be given under some circumstances.Demolition of pre-existing building? ☒ Yes ☐ NoWas building on Sanitary Sewer? ☒ Yes ☐ NoWas Sewer connected before 2/1/90? ☒ Yes ☐ No

Sewer disconnect date: TBD

Type of building demolished? TRIPLEX

Request to apply demolition credit to multiple buildings?

☐ Yes ☒ No